

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/17/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345395	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/28/2021
NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES-CHERRYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 7615 DALLAS CHERRYVILLE HIGHWAY CHERRYVILLE, NC 28021	
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E 000	Initial Comments	E 000		
F 000	<p>An unannounced COVID-19 Focused Survey was conducted on 1/27/21 with exit from the facility on 1/27/21. Additional information was obtained on 1/28/21. Therefore, the exit date was changed to 1/28/21. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# 8BR611</p> <p>INITIAL COMMENTS</p> <p>An unannounced COVID-19 Focused Survey was conducted on 1/27/21 with exit from the facility on 1/27/21. Additional information was obtained on 1/28/21. Therefore, the exit date was changed to 1/28/21. The facility was not found in compliance with 42 CFR §483.80 infection control regulations and has not implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID# 8BR611.</p>	F 000		
F 880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p>	F 880		2/5/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/10/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 880	<p>Continued From page 1</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents</p>	F 880			

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F 880	<p>Continued From page 2 identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews, the facility failed to implement their infection control policies and Centers for Disease Control and Prevention (CDC) guidelines for the use of Personal Protective Equipment (PPE) when 1 of 6 staff members (Nurse #1) assigned on the quarantine hall failed to change her mask between residents, re-used an N95 mask over the recommended limit of five uses and stored a used N95 mask at home and brought it back to the facility for re-use, and when 1 of 3 dietary staff members (Cook #1) was observed wearing a surgical mask under the chin with the nose and mouth uncovered while handling food. These failures occurred during a COVID-19 pandemic.</p> <p>The findings included:</p> <p>1. The Centers for Disease Control and Prevention (CDC) guidance entitled, "Responding to Coronavirus (COVID-19) in Nursing Homes," last reviewed and updated on 4/30/20 indicated the following statements: *All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level</p>	F 880	<p>The preparation and execution of the plan of correction does not constitute agreement by the provider that the alleged deficiency did in fact exist. This plan of correction is filed as evidence of the facilities desire to comply with the regulation and to provide high quality care.</p> <p>Residents affected: There were no adverse effects for any of the 7 residents on the quarantine hall due to nurse # 1 re-using the N95 mask over the recommended limit of 5 times or changing each time exiting a positive or suspected positive Covid-19 resident room. There were no adverse effects to any residents due to Cook #1 wearing a surgical mask under his chin.</p> <p>All facility residents were tested for Covid-19 on February 3, 2021 with no positive results.</p> <p>One to one education was provided to both the Cook #1 and nurse #1 with regard to the proper use of personal</p>		

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F 880	<p>Continued From page 3</p> <p>respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown.</p> <p>The CDC guideline entitled, "Strategies for Optimizing the Supply of N95 Respirators," last reviewed and updated on 11/23/20 under the section "Limited re-use of N95 respirators" read: *It is important to consult with the respirator manufacturer regarding the maximum number of donnings or uses they recommend for the N95 respirator model. If no manufacturer guidance is available, data suggest limiting the number of re-uses to no more than five uses (five donnings) per device by the same HCP (healthcare personnel) to ensure an adequate respirator performance.</p> <p>A review of the facility's COVID-19 policy entitled, "Optimization of Personal Protective Equipment (PPE) - Extended Use," dated 10/27/20 read, in part: *N95 facemasks can only be re-used for 5 donnings or per manufacturer instructions, and then must be discarded. *Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly.</p> <p>During the entrance conference on 1/27/21 at 9:35 AM, the Administrator indicated the 700 hall was designated as the quarantine hall for new admissions and readmissions.</p>	F 880	<p>protective equipment and when to change a surgical mask or N-95 mask when exiting unknown or suspected Covid-19 resident rooms. This education included a review of the facility policy Optimizing Personal Protective Equipment- Extended Use and Proper use of Personal Protective Equipment. These guidelines follow current CDC guidelines for PPE use and extended/reuse of PPE. A PPE Use Competency was completed by the Staff Development nurse with a completion date for Nurse #1 January 29, 2021 and Cook #1 February 1, 2021.</p> <p>All other residents with potential to be affected: A Root Cause Analysis of Five Whys was done on January 29, 2021 by the QAPI Committee members, Administrator, Director of Nursing, Staff Development Coordinator/Infection Preventionist. A timeline was also developed on January 29, 2021 by the QUPI Committee members, Administrator, Director of Nursing, Staff Development Coordinator/Infection Preventionist. No other resident was adversely affected by the alleged deficient practice. All 86 residents with potential to be affected were tested for Covid-19 February 3, 2021 with no positive results.</p> <p>Systemic changes: " The facility policy Optimizing Personal Protective Equipment- Extended Use dated 10/27/20 and the policy Proper use of Personal Protective Equipment that follows the CDC</p>		

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F 880	<p>Continued From page 4</p> <p>A review of the facility census revealed there were 7 residents on the quarantine hall.</p> <p>During a continuous observation on the quarantine hall on 1/27/21 from 10:15 AM to 10:30 AM, Nurse #1 was seen wearing an N95 mask and a surgical mask on top of it while preparing medications at the medication cart. Nurse #1 proceeded into room 711 after putting on a disposable gown, face shield and gloves. After about five minutes, she exited room 711 without a gown, face shield and gloves but was still wearing an N95 mask and a surgical mask. She was then observed rubbing hand sanitizer to both hands. She went back to the medication cart and started preparing the next resident's medications. Before entering room 710, she put on a disposable gown, face shield and gloves while still wearing the same N95 mask and surgical mask. She exited room 710 without a gown, face shield and gloves but still had on an N95 mask and a surgical mask. She then obtained some hand sanitizer from a receptacle on the wall right outside room 710 and proceeded to rub the hand sanitizer to both hands.</p> <p>An interview was conducted with Nurse #1 on 1/27/21 at 11:40 AM just outside the door to the quarantine hall. During this interview, she was observed wearing a surgical mask and no N95 mask. Nurse #1 stated that she had removed her N95 mask after she was finished with her medication pass on the quarantine hall and had placed it on a paper bag and kept it with her personal items in her work bag. Nurse #1 said she had kept the same surgical mask on that she had been using during her medication pass. She further stated that she did not discard her masks</p>	F 880	<p>Guidelines for use of PPE, reuse of N95 masks, storage of masks and wearing surgical masks, was reviewed by the QAPI team, which included, the Staff Development Nurse-Infection Preventionist, the Director of Nursing, the Regional Clinical Manager, and the Administrator. It was determined that no changes were necessary to the policy.</p> <p>A lesson plan was developed based on the above policies and current CDC Guidelines for PPE use and extended/reuse.</p> <p>The lesson plan also included "When leaving the room of a positive or suspected Covid-19 resident isolation room the N95 mask should be taken off and discarded after leaving the room."</p> <p>All facility staff/contracted staff/volunteers were educated by the Staff Development Coordinator on the proper use of Personal Protective Equipment and the proper use of this equipment when there is need to optimize this equipment. This education was provided by the Staff Development Coordinator-Infection Preventionist and the Director of Nursing with a completion date of February 5, 2021. The Director of Nursing and/or the Staff Development Coordinator will continue the education for all employees/contracted staff/volunteers. This education will be a part of new staff orientation. Any employee out on leave or on PRN status will be educated prior to returning to their assignments. Under the Director of Nursing's leadership, this team</p>		

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F 880	<p>Continued From page 5</p> <p>which included both an N95 mask and a surgical mask in between going to each resident room in the quarantine hall. She stated she reused her N95 mask when going to other rooms outside of the quarantine hall that were on enhanced droplet-contact precautions and did not discard until every few days or whenever it got damaged or soiled. Nurse #1 shared that the facility had enough supply of N95 masks and had seen boxes of them all over the facility, but she just wanted to conserve her N95 mask use and that she was used to the same practice from a previous facility.</p> <p>A second interview conducted with Nurse #1 on 1/27/21 at 3:00 PM revealed that she was not aware of the facility's policy regarding use of N95 masks in the quarantine hall and proper storage for re-use of N95 masks. Nurse #1 stated she had been re-using her N95 mask for two days before discarding it and had been donning and doffing it at least four times a day. She placed her used N95 mask in a paper bag, took it home with her and brought it back for re-use the next day. She discarded her surgical mask at the end of each shift. Nurse #1 emphasized no one had told her that she was supposed to use a new mask when going from room to room in the quarantine hall and that she did not know she could not re-use her N95 mask for over five uses.</p> <p>An interview was conducted on 1/27/21 at 1:28 PM with the Staff Development Coordinator (SDC) who also acted as the facility's Infection Preventionist. The SDC stated that they placed the new admissions and readmissions on the quarantine hall for observation for 14 days. He stated that the facility currently had limited supply of N95 masks for the staff members who worked</p>	F 880	<p>will be responsible for the implementation and maintenance of re-education and competency.</p> <p>Monitoring On January 29, 2021, the QUPI team which included the Director of Nursing, Staff Development Coordinator-Infection Preventionist, Administrative staff and the Administrator initiated an audit tool to observe employees using PPE. Facility will observe 5 employees per audit daily times 5 days, weekly times 3 weeks, bi-weekly times 2 weeks and then monthly times 1 to ensure staff are properly using PPE. The Director of Nursing/Staff Development Coordinator-Infection Preventionist and Administrative staff will continue the audits. The Nursing Home Administrator will review the results of the PPE use audit tools daily times 5 days, weekly times 3 weeks, bi-weekly times 2 and monthly times 1 to ensure employees are using PPE properly. Findings will be reported by the Administrator monthly to the QAPI team for review times 3 months. The QAPI Committee can modify this plan to ensure the facility remains in compliance.</p> <p>From February 5, 2021 forward the Director of Nursing and/or the Staff Development Coordinator will continue the education for all employees/contracted staff/volunteers. This education will be a part of new staff orientation. After February 5, 2021, any employee out on leave or on PRN status will be educated prior to returning to their assignments.</p>		

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F 880	<p>Continued From page 6</p> <p>on the quarantine hall. He procured the facility's supply of N95 masks through a coalition, but they only sent them a limited number of N95 masks. The staff members were supposed to keep their N95 masks on as long as possible without taking them off during their shift and the N95 masks should only be discarded when they get visibly soiled or torn. He recommended reusing the N95 masks no more than three days. If a staff member needed to take the N95 mask off, it should be kept in a brown paper bag and left in the facility at the end of the day.</p> <p>An interview conducted with both the Director of Nursing (DON) and the SDC on 1/27/21 at 3:37 PM revealed the facility had a current supply count of 915 N95 masks and 700 surgical masks. The DON stated the staff members had been instructed to only use an N95 mask when going into a COVID-19 positive resident's room or when administering an aerosol-producing treatment such as providing nebulizer treatments to a resident. They had been told to re-use an N95 mask until soiled or damaged and place it in a paper bag at the end of the day. The DON shared that the facility had lockers where the staff members could store their used N95 masks but she stated she understood it if Nurse #1 preferred to take it home with her as long as the paper bag where the N95 was stored remained sealed. The SDC stated the standard of practice regarding N95 mask use was to leave it on and not take it off until the end of the shift but admitted that he understood it would be necessary to remove it when going from room to room in the quarantine hall.</p> <p>An interview with the Administrator on 1/27/21 at 4:13 PM revealed that the facility had enough</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>N95 masks for the staff members who worked on the quarantine hall to be able to change them when going from one resident room to another. He stated that the facility has had issues in the past getting an adequate supply of N95 masks especially when the lockdown had started but since then, they had experienced an increase in their N95 mask supply. He also stated he understood the risks of potential contamination to the wearer and issues with fit being off when the N95 mask was reused over the recommended limit of five donnings. He added that he did not think it was a good idea that Nurse #1 had been taking home her used N95 masks due to contamination and possible spread of germs.</p> <p>2. The CDC guideline entitled, "How to Wear Masks," updated on 1/12/21 indicated the following: *Wear a mask over your nose and mouth to help prevent getting and spreading COVID-19. *Wear a mask correctly for maximum protection. *Don't put the mask around your neck or up on your forehead.</p> <p>A review of the facility's policy entitled, "Infection Prevention and Control Program," last reviewed and revised on September 2020 under Personal Protective Equipment (PPE) section read, in part: Masks should fully cover the nose and mouth and prevent fluid penetration. Masks should fit snugly over the nose and mouth.</p> <p>During a continuous observation of the facility's kitchen on 1/27/21 from 11:10 AM to 11:15 AM, Cook #1 was seen with his mask pulled down underneath his chin. Cook #1's nose and mouth were both exposed. He was further observed transferring meat patties from one pan to another</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>while wearing gloves to both hands. He was talking to a dietary aide across the kitchen. Towards the end of the observation, the Dietary Manager (DM) walked into the kitchen and witnessed Cook #1's mask being underneath his chin.</p> <p>An interview conducted with Cook #1 on 1/27/21 at 11:15 AM revealed that he had pulled down his mask because the other dietary staff members could not hear him across the room, and he did not want to yell. He stated he forgot that he was not supposed to pull his mask down for any reason and that he should have left his nose and mouth covered while handling food. He added that he had pulled his mask down before when talking to the other dietary staff members but remembered to step away from food and pull it back up to cover his mouth and nose.</p> <p>An interview with the Dietary Manager (DM) on 1/27/21 at 11:20 AM revealed one of her priorities in the kitchen regarding prevention of transmission of COVID-19 was for the dietary staff members to wear their masks properly while in the facility and in the kitchen. She was very disappointed when she witnessed Cook #1 had pulled his mask underneath his chin and stated he knew better than to do that. The DM stated she would immediately re-educate all her staff especially Cook #1 regarding proper use of masks, not to touch their mask at any time and if they do, then to wash their hands immediately afterwards prior to resuming their work in the kitchen.</p> <p>An interview on 1/27/21 at 1:50 PM with the Staff Development Coordinator (SDC) who also acted as the facility's Infection Preventionist revealed</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>Cook #1 should have worn his mask properly to cover both nose and mouth. The SDC stated Cook #1 had been educated on the proper use and wearing of a mask.</p> <p>An interview was conducted on 1/27/21 at 2:15 PM with both the Director of Nursing (DON) and the Administrator. The Administrator stated he expected all staff members to wear masks properly. He emphasized the importance of Cook #1 keeping his mask on to cover both his nose and mouth especially while handling food for the residents.</p>	F 880			